USAID/ASIA AND THE NEAR EAST BUREAU REGIONAL HIV/AIDS PROGRAM

RESULTS REVIEW AND RESOURCE REQUEST (R4)

JUNE 5, 2000

Please Note:

The attached FY 2002 Results Review and Resource Request ("R4") was assembled and analyzed by the country or USAID operating unit identified on this cover page.

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COVER MEMORANDUM

June 5, 2000

To: AA/ANE, Robert Randolph

From: SEA/SPA, Rebecca Cohn

Subject: FY 2002 ANE Regional HIV/AIDS Program
Results Review and Resource Request (R4)

The ANE Bureau's Regional HIV/AIDS Program – the first regional HIV/AIDS program supported by any donor – is on track, meeting or surpassing all strategic objective indicators, save one. HIV/AIDS is advancing in the ANE region, especially in South and Southeast Asia, often through displaced persons, intravenous drug use and migrant workers. The regional program addresses gaps in individual Mission or country HIV/AIDS control programs such as regional surveillance, coordination of international activities, and activities at border crossings an along transportation corridors, thereby slowing the spread of this transborder epidemic. The regional program is implemented through existing Global Bureau contracts and cooperative agreements.

This R4 will be the last report on Strategic Objective 08, as the ANE Regional HIV/AIDS strategy will be significantly revised in the next fiscal year. The revisions will reflect the changing course of the epidemic in the ANE region, build on lessons learned over the past five years, and will include other infectious diseases. The inclusion of other infectious disease activities will take advantage of the overlaps that exist between HIV/AIDS and other infectious diseases, and decrease the management burden on the ANE Bureau. The new Strategic Objective – SO29 *Increased Use of Effective Responses to Selected Infectious Diseases in Asia and the Near East* – will continue to contribute to the Agency goal of "World Population Stabilized and Human Health Protected."

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GLOSSARY OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ANE	Asia and the Near East
ASEAN	Association of Southeast Asian Nations
BSS	Behavioral Surveillance Study
CARE	Cooperative for Assistance and Relief Everywhere
DfID	Department for International Development
DKT	DKT International
DOTS	Directly Observed Therapy, Short Course
EU	European Union
FHI	Family Health International
FSW	Female Sex Worker
HASAB	HIV/AIDS Support Alliance of Bangladesh
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
IHAA	International HIV/AIDS Alliance
INP+	Indian Network of People Living with AIDS
IR	Intermediate Result
KHANA	Khmer HIV/AIDS NGO Alliance
KRDA	Khmer Relief and Development Association
MPP	Mission Performance Plan
MSM	Men who have Sex with Men
NGO	Non-Governmental Organization
PATH	Project for Appropriate Technology
PDR	People's Democratic Republic
PLWA	People Living with AIDS
PSI	Population Services International
R4	Results Review and Resource Request
SO	Strategic Objective
STI	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	United Nations AIDS
UNDP	United Nations Development Programme
UNFPA	United National Fund for Population Activities
UNICEF	United Nations Children's Fund
WHO	World Health Organization

RESULTS REVIEW

Country/Organization: ANE Regional HIV/AIDS Program

Objective ID: 398-008-01

Objective Name: SO8 Increased Use of Effective Responses to the HIV/AIDS Pandemic in Asia and the Near East

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Self Assessment: On Track

Self Assessment Narrative: Four of the five SO Indicators under this Strategic Objective reached their targets. The other SO Indicator, 8.3 (condoms sold) almost reached its target goals.

Primary Link to Strategic Agency Framework: 4.4 HIV/AIDS
(please select only one)

Secondary Link to Strategic Agency Framework:
(select as many as you require)

- ☐ 1.1 Private Markets
- ☐ 1.2 Agricultural Development/Food Security
- ☐ 1.3 Economic Opportunity for Poor
- ☐ 2.1 Rule of Law/Human Rights
- ☐ 2.2 Credible Political Processes
- ☐ 2.3 Politically Active Civil Society
- ☐ 2.4 Accountable Gov't Institutions
- ☐ 3.1 Access to Education/Girl's Education
- ☐ 3.2 Higher Education/Sustainable Development
- ☐ 4.1 Unintended Pregnancies Reduced
- ☐ 4.2 Infant/Child Health/Nutrition
- ☐ 4.3 Child Birth Mortality Reduced
- ☐ 4.4 HIV/AIDS
- ☒ 4.5 Infectious Diseases Reduced
- ☐ 5.1 Global Climate Change
- ☐ 5.2 Biological Diversity
- ☐ 5.3 Sustainable Urbanization/Pollution
- ☐ 5.4 Environmentally Sound Energy
- ☐ 5.5 Natural Resource Management
- ☐ 6.1 Impact of Crises Reduced
- ☐ 6.2 Urgent Needs in Time of Crisis Met
- ☐ 6.3 Security/Basic Institutions Reestablished
- ☐ 7.1 Responsive Assist Mechanisms Developed
- ☐ 7.2 Program Effectiveness Improved
- ☐ 7.3 Commit Sustainable Development Assured
- ☐ 7.4 Technical/Managerial Capacity Expand

Link to U.S. National Interests: Global Issues: Environment, Population, Health

Primary Link to MPP Goals: Health

Secondary Link to MPP Goals (optional): No Secondary Linkage

Summary of the SO:

This SO supports HIV/AIDS and sexually transmitted infections (STI) prevention activities from a regional perspective. Activities focus on HIV education, condom promotion, STI treatment, and capacity building for public and private organizations throughout the region. These

activities more effectively plan, monitor, and respond to an epidemic that is transboundary in nature and outside the mandate of individual governments, USAID missions and other donors. Through programs focused on mobile populations at border areas, the regional program supports and complements HIV/AIDS prevention activities being undertaken by USAID Missions in India, Nepal, Cambodia, Bangladesh and Indonesia. The regional program fills critical needs for HIV prevention programs in the USAID non-presence countries of Laos, Vietnam and Thailand. It increasingly supports programs throughout Asia and the Middle East that enable communities to respond to stigma and discrimination against people living with HIV or AIDS (PLWA) and to provide care and support. In Morocco and Sri Lanka, where Missions do not have specific HIV/AIDS programs, regional funds support capacity building for community-based organizations doing HIV and STI prevention. The program also supports operations research (OR) projects and the development of innovative pilot programs applied across the region. The Regional HIV/AIDS Program contributes to the USAID Goal of "World Population Stabilized and Human Health Protected."

Status of the Epidemic

The HIV epidemic in Asia and the Near East varies in its spread throughout the region. It is characterized by steep increases in prevalence in some countries while showing promising evidence of continuing low prevalence or decline amidst successful prevention efforts in others. Approximately 6-7 million HIV infected persons live in Asia and the Near East, primarily in South and Southeast Asia; countries in the Near East report significantly lower rates of HIV infection. The overall trend of the epidemic calls for concentrated prevention efforts in core transmitter and bridge populations in order to protect those most vulnerable to HIV/AIDS and avert spread of the epidemic to the general population. A recent article in the Science section of the Washington Post (March 6, 2000), entitled, "AIDS Outbreaks Follow Asia's Heroin Traffic," underscores the need for a regional program to address an epidemic that respects no borders. In describing the movement of specific HIV viral strains along heroin trade routes in southeast Asia, the article notes that "Burma's booming heroin traffic is helping to kindle the AIDS epidemics in nearby countries, including China, India and Vietnam…overland routes involve local people, highways, local traders and sadly, have led to this burgeoning AIDS epidemic…"

Thailand, where the region's first epidemic occurred and where a strong prevention response was mobilized, continues to show declines in HIV prevalence among both female sex workers (FSW) and women in antenatal care clinics (ANC). The most recent surveillance data from June 1999 show prevalence rates of 16% among direct FSW and 1.7% among ANC attendees, compared with 21% and 2.1% respectively in 1997. A few provinces in the north and along the East Coast report ANC prevalence of about 5%. The single sub-population group in Thailand that defies the downward trend is injecting drug users (IDU): The 1999 prevalence rate of 51% is the highest rate seen in this risk group in the last ten years. Even with successful declines in incidence rates, Thailand faces the challenge of increasing numbers of AIDS patients as people infected by HIV 5 to 10 years ago become symptomatic.

Cambodia's situation is alarming with a 3.75% annual increase of reported HIV in its population aged 15-49 and a 42% prevalence rate among female sex workers. Vietnam reported over 12,400 cumulative HIV positive cases and a 67% prevalence rate among IDUs in their official statistics.

Laos PDR, which borders Burma, China, Thailand, Cambodia and Vietnam – all countries with significant prevalence rate in specific subpopulations – has few reported cases so far but lacks adequate surveillance systems to adequately estimate cases.

India, with 3.5 million infected persons, has more people infected by HIV than any other country in the Asian region. The states of India are experiencing profoundly different HIV epidemics. Recently improved HIV surveillance in ANC and STI clinic attendees revealed important characteristics of the epidemic, showing the highest HIV prevalence in Tamil Nadu, Maharashtra, Andhra Pradesh, and Gujarat. Data in Tamil Nadu indicates increasing prevalence; however, the steep increases from several years ago appear to be leveling off. In other states, there is little or no evidence of decline. Maharashtra, for example, continues to show increasing HIV rates both among FSW and ANC attendees. The epidemic in India influences the course of the epidemic in neighboring Nepal; it has been estimated that 50% of the HIV infections in Nepal were acquired in India. Hundreds of trucks carrying products and commodities ply the international highways of the subcontinent, with high risk behavior occurring at rest stops along the roads and in destination towns.

ANE Supported Activities

The past year has shown the critical role of ANE support in strengthening surveillance systems to effectively monitor the epidemic. In the absence of such a system, an epidemic can rise undetected. In Nepal, IDUs were thought to be adequately covered by prevention interventions for several years, despite the fact that no HIV sero-surveillance was being done. An HIV prevalence survey in several sites across the country in 1999 showed that prevalence among IDUs had risen to an average of 50%, even in Kathmandu where the most intensive interventions were located. The results have led to rapid re-assessments of the coverage and intensity of interventions and establishment of a surveillance system to monitor trends over time.

The Philippines, Bangladesh, and Indonesia continue to report low HIV prevalence rates among both high-risk groups and the general population, despite national surveys that report high levels of sexually transmitted infections (STI) and risk-taking behaviors. For example, surveys conducted for ANE by Family Health International (FHI) in Indonesia indicated that gonococcal and chlamydial infections significantly increased among female sex workers in Jakarta, Surabaya, and Manado during the severe economic crisis in 1996-1999. Continued surveillance and support to HIV/AIDS/STI prevention programs for specific high-risk target groups are needed to confirm that HIV/AIDS prevalence rates are remaining low.

A nationwide condom social marketing program was launched in April 1999 in Laos through a major subagreement with Population Services International (PSI). In Vietnam, FHI provides training and support to four Provincial AIDS Committees to conduct situational assessments and project planning. With the recent approval and signing of the Memorandum of Understanding with the government, Vietnam program interventions will be launched in early 2000.

Key Results:

Four of the five SO Indicators under this Strategic Objective reached their targets. The other SO Indicator, 8.3 (condoms sold) , almost reached its target goals. Results reported below are illustrative of progress made in all key programs areas: mobile populations; surveillance; condom promotion; quality information on HIV/AIDS provided to at-risk communities and decision-makers; and model development/dissemination and the care/support of persons living with HIV/AIDS.

Strategic Objective Indicators

SO 8.1 Number of Successful Cross-border Interventions Implemented. Performance met.

Developing and supporting models of prevention for mobile populations has been a major component of the Regional Program. Six successful cross-border sites are now operational in the region. Cross-border prevention activities targeting mobile populations and remote communities are critical because many national programs do not adequately cover all vulnerable sites at the periphery where the needs are greatest. The first cross-border sites were established between India and Nepal in 1995. Four "twin city" pairs established in 1998 at cross-border sites between Thailand, Cambodia, Laos and Vietnam were fully operational in 1999. In addition, a new seafarer's project was undertaken by PATH to target Cambodian fishermen working on Thai fishing boats in Indonesian waters.

SO 8.2 Minimum Surveillance Systems Functioning in Countries of the Region. Performance met.

Technical and financial support to improve HIV/STI sero-surveillance and epidemic monitoring was provided to Nepal, Cambodia and Vietnam: biological surveys were conducted in border areas of Nepal; biological and behaviorial surveys were conducted in Cambodia, while behavior surveillance in six provinces in southwest Laos was completed. Both biological and behavioral surveillance in Vietnam has been discussed with respective national HIV/AIDS programs. Capacity building techniques and collaboration with governments and NGOs has been emphasized in order to ensure sustainability. In Nepal, a local NGO, "New Era" worked with FHI to obtain surveillance data. Iin Cambodia, OPTA a local NGO focused on research, has conducted both surveys and in Laos, FHI collaborated with the Lao National Committee for the Control of AIDS to conduct surveillance activities. These partnerships assure that national and local organizations have the motivation and skills to undertake future surveillance work.

Family Health International compiles data on STIs, HIV and risk behaviors for many countries in the region. When analyzed together the data enable FHI to make accurate assessments of the status and future of the epidemic's momentum in the region and focus technical assistance appropriately. Further, FHI, which pioneered the behavioral surveillance survey (BSS) to monitor sexual risk behavior trends, is piloting a BSS instrument that includes pertinent indictors for injecting drug user populations.

SO 8.3 Increased Availability of Condoms Sold in Target Areas. Performance not met.

Condom promotion and condom social marketing programs in Laos and Vietnam have provided both quality information and access to affordable condoms. The Program's target of 50 million condoms sold was almost achieved: 41.4 million condoms were sold. The shortfall was due to a delay in start-up in Laos PDR (program launched in April, rather than January) and inadequate donor funding in Vietnam for the purchase of enough US-made condoms to meet the demand (while there are two condom factories in Vietnam producing international standard condoms at low cost, commodity purchasing restrictions do not allow USAID funds to be used to buy those condoms.) Projections for next year are expected to meet or exceed the target.

SO 8.4 Increased Availability of Quality Information on Safer Sexual Behavior. Performance met.

ANE funds support several new prevention projects employing behavior change communication and interventions, including: 1) Condom social marketing program in Laos utilized seven television commercials that promote condom use and responsible sexual behavior; 2) Educational posters developed for Cambodian fishermen promote abstinence/partner reduction and condom use; 3) Public education efforts were conducted during World AIDS Day activities in Laos; and 4) Puppet shows in Laos promoted condom use and partner negotiation for condom use. These activities are additional to the ongoing World AIDS Day activities funded in India and Sri Lanka and puppet shows in Nepal.

SO 8.5 Increased Innovative Models Developed and Disseminated for Prevention and Treatment of STIs, HIV and Other Infectious Diseases, and for the Care and Support of Persons Living with HIV/AIDS. Performance met.

In 1999 three programs focused on prevention and care services activities under this SO indicator. Regional funds provided support for a care and advocacy NGO, called INP+ – established by and for people with HIV/AIDS in India – that is undertaking regional training for other NGOs working with HIV positive persons. It provided technical assistance to provincial and national networks for people living with AIDS (PLWAs) to gain visibility, voice, and entitlements to resources. The network also has been involved in policy, advocacy and decision-making with the government's national and state-level AIDS Control Organizations. It has become a model for networking horizontally and vertically within government.

A needs assessment for intervention activities for men-who-have-sex-with-men (MSM) was undertaken in three cities in India: Hyderabad, Bangalore and Pondicherry. The project will define the technical needs and support mechanisms needed to provide services for MSM and will develop a strategic response framework. These findings will feed into pilot programs and a model for MSM sexual health interventions in India. Findings will also be used to develop model programs for other countries in the region.

With ANE funds, FHI in partnership with the Gorgas Institute will implement a TB/HIV project in Cambodia. The project aims to improve detection of active cases of tuberculosis in order to provide treatment within vulnerable communities in Phnom Penh such as those living with

HIV/AIDS. Resources, activities, and service provision will be coordinated between the National TB Program and the HIV/AIDS home care network. Needs assessments and prevalence rates will identify gaps within the continuum of care. Capacity building within the National TB Program and community organizations will be used to bridge these gaps in efforts to widen coverage, diagnosis and treatment. This may be an excellent care model for linking cross-sectional services in order to increase the comprehensive health of a population.

The Regional Program co-funded strategic workshops, regional meetings, public education efforts and various needs assessments to share information on successful programs and promote appropriate HIV/AIDS policies and programs. For example, in Sri Lanka, a local NGO, Alliance Lanka, and its partner NGOs produced five Sinhalese publications and presented them at a local policy meeting of other NGOs and local government representatives, resulting in the implementation of confidential HIV/STI testing at the local clinic. In Thailand, a workshop that included UNDP and ten ASEAN member countries focused on the implications of the spread of HIV/AIDS due to population mobility. Participants from each country included a ministerial level HIV/AIDS specialist, a ministerial level official dealing with population mobility and a representative from an NGO or the private sector.

In Morocco, PASA/SIDA, IHAA's local partner, continued to mobilize both development and AIDS service organizations to integrate HIV/AIDS/STI prevention work into ongoing activities: Ten groups were newly mobilized to do HIV/AIDS/STI prevention work for the first time; four partner organizations participated in a study to develop strategies to intergrate more effectively partner NGO activities with existing STI services; 13 NGOs implemented intensive HIV/AIDS/STI prevention activities after conducting community needs assessments with vulnerable populations (e.g., seasonal factory workers, sex workers and women in extreme poverty, prisoners and vulnerable children.) All NGO projects designed activities that go beyond awareness raising in HIV prevention to community mobilization and project design . An estimated 42,000 vulnerable people were reached with HIV/AIDS/STI prevention services with these activities.

These kinds of activities led to better access to information for the media and journalists, national decision-makers, organizations working with people with HIV/AIDS, and HIV+ persons. Throughout most programs, links were created and reinforced between governments, local NGOs, and international organizations.

Performance and Prospects:

There is strong support for HIV prevention and mitigation from the President, the Congress and within the Agency. Strong commitments for future funding are promising. Missions, and embassies in non-presence countries, have endorsed the Regional Program. The Program will continue to focus on primary prevention of HIV and STI and the care and support for individuals, families and communities affected by HIV/AIDS. In fysical year 2000 the existing HIV/AIDS regional program will be expanded to include other key infectious diseases, taking advantage of strategic, technical, and programmatic overlaps between the two areas.

Possible Adjustments to Plans:

This will be the last R4 for Strategic Objective 08. During the next reporting period, the ANE Bureau will approve a new strategic object (SO29) which will combine HIV/AIDS and infectious disease activities. Combing HIV/AIDS and infectious diseases takes advantage of the common strategies and similar technical and programmatic issue of the two areas. The current HIV/AIDS strategy will be evaluated and revised to reflect lessons learned during the first five years of the program and to better address the current state of the epidemic in the Asia and Near East region, with revision of the SO and IRs (as necessary).

Unpredictable political and economic changes may have a major role in affecting the course of the epidemic in the region. Millions of people in South and Southeast Asia move across borders in pursuit of economic opportunities or, as in the case of Burma, to avoid repressive regimes. Generally such migrants live marginal and highly vulnerable lives. In Nepal, hundreds of men from the far west and western districts of the country migrate to India to find work, where some of them engage in high risk behavior, and some return home HIV positive. In Cambodia, illegal logging in the area along the Thai border brings hundreds of migrants in search of work, along with the sex workers, restaurants and karaoke bars set up to serve them. Thousands of Cambodian farmers from Surin province are trafficked to Thailand to work on fishing boats that travel for years at a time as far as Indonesia and the Philippines. Sex workers from Vietnam travel to and from Cambodia to work in brothels throughout the country. Changes in political or economic relationships between countries in the region, or changes in international economic markets, could impact patterns of mobility and concentrations of at-risk communities, directly affecting the ANE regional activities. The Regional Program needs to maintain flexibility to respond to political and economic changes.

Other Donor Programs:

England, France, Australia, Germany, Japan, the World Bank, the European Union, WHO and the UN Agencies (especially UNAIDS, UNDP and UNFPA) are the other major donors working in HIV/AIDS and STI prevention in Asia and the Near East.

Among the bilateral donors:

* England is working in Bangladesh with high-risk communities in port areas.
* France provides medical services in Cambodia.
* Australia is funding HIV prevention activities in rural Cambodia and HIV/STI education in the Philippines.
* Germany is contributing to condom donation.
* Japan provides funding for regional training for HIV program managers, technical assistance to the National Tuberculosis Committee of Cambodia, and has committed to procuring condoms for Vietnam.
* Canada is in the process of developing a regional program.

Among the multilaterals:

* The World Bank is providing loans in Cambodia to support NGOs in care and support activities.
* The European Union is providing support to Laos to develop national STI treatment policies.
* The WHO is providing technical and policy leadership throughout the region.
* UNDP and UNFPA donate condoms in several countries.
* UNICEF has an initiative focused on the Mekong Delta region.

The Regional Program has leveraged funds from other donors to continue support for innovative activities piloted under our program (IR 5 Other Donors/Host Countries Increased Support for Effective Responses). In Bangladesh, the International HIV/AIDS Alliance (IHAA) and its subgrantee, HIV/AIDS/STD Activities in Bangladesh (HASAB), gained sustained funding from the European Union and the British Department for International Development (DfID) in support of 24 local NGOs. These NGOs are implementing programs within high-risk communities including sex worker empowerment, harm reduction services with IDUs, MSM, and with mobile populations. In Cambodia, the IHAA's linking organization, KHANA has been contracted by the Ministry of Health to manage its program of HIV/AIDS support to local NGOs in HIV/AIDS care and support activities. In total 43,244 people were reached directly through KHANA partner care and support activities, with an estimated 216,220 other people reached indirectly.

Major Contractors and Grantees:

Current contractors and grantees include Family Health International (FHI), the International HIV/AIDS Alliance (IHAA), the Population Council (HORIZONS), Project for Appropriate Technology in Health (PATH), Populations Services International (PSI), DKT International, and CARE.

Performance Data Table

Objective Name: Increased use of effective responses to the HIV/AIDS pandemic in Asia and the Near East			
Objective ID: 398-008-01			
Approved: 11/17/97	Country/Organization: ANE Region/Family Health International		
Result Name: Increased HIV/STI interventions at cross border areas			
Indicator: 8.1 Number of successful cross-border interventions implemented			
Unit of Measure: Discrete sites at high traffic border crossings and seaports in the region with active HIV prevention programs	Year	Planned	Actual
	1998	5	5
	1999	6	6
Source: FHI project monitoring	2000	8	
Indicator/Description: Sites are defined as border crossings and the surrounding area between two or more countries or at seaports .	2001	10	
	2002	11	
	2003	12	
Comments: Sites are at: 1) Nepal/India border; 2) Cambodia/ Thailand, 3) Cambodia/Vietnam 4) Laos/ Cambodia 5) Thailand/Laos, 6) Thailand and Indonesia (seafarers)			

Performance Data Table

Objective Name: Increased use of effective responses to the HIV/AIDS pandemic in Asia and the Near East			
Objective ID: 398-008-01			
Approved: 11/17/97	Country/Organization: ANE Region/Family Health International		
Result Name: Increased quality surveillance of the HIV/STI epidemic and risk behaviors			
Indicator: 8.2 Number of countries with minimum surveillance systems functioning in countries of the region			
Unit of Measure: Countries with HIV/STI and/or behavioral surveillance systems providing useful information to policy makers	Year	Planned	Actual
	1998	2	2
Source: FHI project monitoring	1999	3	3
	2000	5	
Indicator/Description: A functioning HIV/STI and/or behavioral surveillance system typically consist of low risk (ANC clinic attenders) and high risk groups (either STI clinic attenders or members of sex worker, sex worker client, or intravenous drug user groups.)	2001	7	
	2002	8	
	2003	9	
Comments: Nepal, Laos and Cambodia conducted successful surveillance activities this year.			

Performance Data Table

Objective Name: Increased use of effective responses to the HIV/AIDS pandemic in Asia and the Near East			
Objective ID: 398-008-01			
Approved: 11/17/97	Country/Organization: ANE Region/Family Health International		
Result Name: Increased sales of socially marketed condoms in non-presence countries			
Indicator: 8.3 Increased availability of condoms in millions (FHI, DKT, PSI) in target areas			
Unit of Measure: condoms in millions	Year	Planned	Actual
Source: FHI/DKT/PSI distribution records	1998	40	
Indicator/Description: millions of condoms distributed during the year.	1999	43.7	42.1
	2000	50	41.4
	2001	60	
Comments: Figures are for socially-marketed condoms in Vietnam and Laos. All figures are national and reflect both condoms financed under the SO and those provided by other donors or host governments.	2002	70	
	2003	80	
Targets were not met for the following reasons: 1) the PSI launch of the Number One condom, originally targeted for early January 1999, was delayed until April awaiting in-country clearances, and 2) donor funding was insufficient to buy enough US-made condoms to meet the demand (although the Government of Vietnam has 2 condom factories which could supply cheaper condoms in sufficient quantity, US rules bar purchase of non-US made commodities).			

Performance Data Table

Objective Name: Increased use of effective responses to the HIV/AIDS pandemic in Asia and the Near East			
Objective ID: 398-008-01			
Approved: 11/17/97	Country/Organization: ANE Region/Family Health International, the International HIV/AIDS Alliance		
Result Name: Increased innovative models developed and disseminated for prevention and treatment of STIs, HIV and other infectious diseases, and for the care of persons living with HIV/AIDS.			
Indicator: 8.5 Number of innovative models in operation			
Unit of Measure: A model is a discrete intervention and corresponding evaluation so that it can be disseminated to other areas or used as an example for other countries.	Year	Planned	Actual
	1998	2	2
	1999	3	3
Source: FHI and IHAA project monitoring	2000	5	
Indicator/Description: Interventions may be related to behavior change communications, STI diagnostic and treatment programs, condom promotion, policy, advocacy, and/or care for people living with HIV and AIDS (PLWHAs).	2001	7	
	2002	8	
Comments:	2003	9	

Cambodian NGO Helps Individuals and Families Living with HIV

Ouk Long is a 35-year old Cambodian man. He served as a soldier in the Royal Cambodian Army until a year ago, when he started to develop fevers and stomach cramps, which became increasingly severe and did not respond to treatment. After a few months he was unable to keep up with the physical work of a soldier, and was sent home to rest and recover. His home is a small wooden platform with palm-leaf walls and roof in Maung Russey, Battambang province, which he shares with his wife Sophea and their 6-year-old daughter, Srey Nik.

Sophea sold vegetables at the market in Maung Russey town, but when Long returned she gave up her job to care for him. Long had chronic diarrhea and found it difficult to eat due to a fungal infection in his throat. Srey Nik also stayed home from school to care for her father, but as his condition continued to deteriorate, the family decided that he must go to the hospital in Battambang town to get proper medical care. Sophea sold all her remaining vegetable stock and her weighing scales from the market in order to pay for the transportation and costs of her husband's medical care.

While in the hospital, Long received a blood test and was confirmed to be HIV positive. However, the treatment he received helped him regain his appetite, and he became stronger again. He returned home immediately, afraid to tell his wife. Although his family did not suspect that anything further was wrong, Long became increasingly aggressive and on occasion exhibited violent behavior towards his wife and child.

Community leaders in Maung Russey noticed Long and his family's situation, and mentioned it to a Khmer Relief and Development Association (KRDA) Home Care Team that had come to the village to provide information about HIV/AIDS. KRDA is funded and given technical support by the Khmer HIV/AIDS NGO Alliance (Khana), which uses USAID funds to support community based care and support activities to people and families affected by HIV and AIDS.

A nurse and a male counselor from the KRDA Home Care Team paid a visit to Long and Sophea, introducing themselves as village health care workers. They suspected at once from Long's symptoms and history that he might be HIV positive, and privately asked him if he had been tested for HIV. Long was relieved to be able to talk to someone about his situation, and allowed the Team to come regularly to visit him.

Over the course of several more visits, the KRDA Home Care Team was able to discuss many difficult issues with Long, including how to tell Sophea about his HIV status. The Home Care Team also put both Long and Sophea in touch with other HIV positive people, and their conversations have helped Long to deal with his anger and frustration. Srey Nik has returned to school, and Long is now very attentive towards her. The team provided a small amount of capital for Sophea to start a small vegetable business from her home, which gives them enough money for food and Long's medication, and enables her to care for him when he gets sick again. There are many challenges ahead, but the KRDA Home Care Team feels that they have made a positive difference in helping Long and his family to cope with HIV, and are in a good position to offer practical help, encouragement, and support in the future.

HIV-Positive Indians Unite Against Discrimination

In Chennai during the summer of 1998, a mob burned a man alive who they believed was HIV-positive and had attempted to inject people with HIV-infected blood. Although the incident was unusually violent, it exemplifies the discrimination and stigma that Indians living with HIV/AIDS face.

Many Indians express confusion about how HIV is transmitted and fear HIV-positive people. A study carried out during 1998 in the cities of Mumbai and Bangalore, for example, revealed that discrimination was common even in the health sector.[1] People living with HIV are often directly or indirectly refused hospital admission and care. When treatment is given, its quality is poor in government-run and private hospitals alike. The study found that many patients—particularly women—are tested for HIV without their consent. The purpose of such testing is usually to protect hospital staff because universal safety precautions are lacking, rather than to improve the patient's health through counseling or care. Pregnant women are forced to take an HIV test, and those testing positive are denied antenatal care and advised to terminate the pregnancy with no counseling about available options. This discrimination often causes HIV-positive people to avoid healthcare or employment opportunities, thus further jeopardizing their lives. These problems are not limited to Mumbai and Bangalore. The Chennai incident ". . . made us realize how oppressive our environment is—and how fragile our existence," said 31-year-old Ashok Pillai, president of the Indian Network of People living with HIV (INP+).

Founded in 1997, INP+ is the largest network of people living with HIV in India, with a 350-strong membership throughout the country. With financial and technical support from Family Health International/USAID, the organization seeks to raise public awareness about HIV/AIDS, improve care and support for people living with HIV/AIDS, and advocate for more enlightened, effective HIV/AIDS policies. INP+ is in touch with over a thousand people living with HIV throughout India.

HIV prevention efforts in the country are mostly confined to the majority of the population who are uninfected. Few efforts were being made to educate, counsel or care for those living with HIV or to involve them in prevention efforts. INP+ has stepped into this void and is advocating for greater social acceptability of people living with HIV and showing that HIV-positive people can be healthy, responsible members of society.

The Network's members responded to the Chennai incident by visiting the area the next day. Traversing the neighborhood where the man had been burned to death, they addressed the residents in small groups, condemning the incident and answering questions about how HIV is transmitted and how it is not. They also pointed out that there was no proof that the victim of the burning was infected with HIV or was infecting members of the public.

"When we told them that we were HIV-positive and that we wanted to allay their fears about us as a community, they were extremely receptive and hospitable," recollects Rama Pandian, former project coordinator of INP+. INP+ members also gave a radio interview, and issued a press release that was published by the local papers.

[1] S Bharat. *HIV/AIDS Related Discrimination, Stigmatisation and Denial in India: A study in Mumbai and Bangalore.* Unit for Family Studies, Tata Institute of Social Sciences and the Joint United Nations Programme on HIV/AIDS. Mumbai, India, 1999.